SCHEDULE J FORM N-40 (REV. 2006)

Name of trust

STATE OF HAWAII — DEPARTMENT OF TAXATION

TRUST ALLOCATION OF AN ACCUMULATION DISTRIBUTION

File with Form N-40

See federal Instructions for Form 1041, Schedule J

For domestic complex trusts with tax year beginning _____ and ending ____ and which distributed income accumulated in earlier years.

2006

Federal Employer I.D. No.

Part I Accumulation Distribution in 2006								
1.	Other amounts paid, credited, or other	wise	required to be distrib	uted for 2006 (from So	chedule B (Form N-40), li	ne 12)	1	
2. 3.	Distributable net income for 2006 (from Schedule B (Form N-40), line 9)							
4.	Line 2 minus line 3. If line 3 is more than line 2, enter zero.						4	
5.							5	
Pa	ordinary Income Accum	nula	tion Distribution	n (Enter the app	olicable throwba	ack year	rs below	<i>i</i> .)
If the distribution is thrown back to more than five years (starting with the earliest applicable tax year beginning after December 31, 1968), attach additional schedules.		Throwback Year	Throwback Year	Throwback Year	Throwb	ack Year	Throwback Year	
6.	Enter Distributable Net Income as determined under the governing instrument (Accounting Income)	6						
7.	Distributions (Enter line 13, Schedule B, Form N-40 for 1990 through 2005; line 1, Schedule G, Form N-40 for 1987 through 1989; for years prior to 1987, enter total of columns 3 & 4, Schedule C, Form N-40, for each throwback year)	7						
8.	Line 6 minus line 7	8						
9.	Enter amount from line 25, Part III	9						
10.	Undistributed net income (Line 8 minus line 9)	10						
11.	Enter amount of prior accumulation distributions thrown back to any of these years	11						
12.	Line 10 minus line 11	12						
13.	Allocate amount on line 5 to earliest applicable year first, but not more than line 12 for the same year	13						
14.	Divide line 13 by line 10 and multiply result by amount on line 9	14						
15	Add lines 13 and 14	15						
	Tax-exempt interest included on line 13 (Divide line 15 by line 6 and multiply result by line 2(c), Schedule B (Form N-40), or equivalent for applicable throwback year)	16						
17	Line 15 minus line 16	17						

Part III

Taxes Imposed on Undistributed Net Income (Enter the applicable throwback years below.) If more than five throwback years are involved, attach additional schedules. If the trust received an accumulation distribution from another trust, see federal Regulations section 1.665(d)-1A.

	are involved, addorradational sorreduce.		Throwback Year				
18.	Tax (Enter tax amount from line 22, page 1 of Form N-40 for years prior to 1/1/83. For years after 12/31/82, enter amount from line 23, page 1 of Form N-40 for each throwback year)	18					
19.	Net short term gain (Enter the smaller of the amount from line 15, col. (b), or line 17, col. (b), 2005 Schedule D (Form N-40) and comparable lines for other throwback years.)	19					
20.	Net long term gain (For years prior to 1/1/79, enter 50% of line 16(e) or line 13(e), whichever is applicable, Schedule D (Form N-40). For years after 12/31/78 through 12/31/86, enter 40% of line 16(e), Schedule D (Form N-40). For 1/1/87 through 3/31/87, enter 45% of line 20(e), Schedule D-TR (Form N-40). For 4/1/87 to 12/31/87, enter the smaller of line 22 or 23, column 2, Schedule D (Form N-40). For 1988 through 2005, enter the smaller of line 16 or 17, column (b), Schedule D (Form N-40))	20					
21.	Total net capital gain (Add lines 19 and 20, if net loss, enter zero.)	21					
22.	Taxable income (Enter taxable income amount from line 21, page 1, Form N-40 for years prior to 1/1/83. For years after 12/31/82, enter the amount from line 22, page 1 of Form N-40.)	22					
23.	Enter percent (Divide line 21 by line 22, but not more than 100%)	23					
24.	Multiply amount on line 18 by percentage on line 23	24					
25.	Tax on undistributed net income (Line 18 minus line 24. Enter here and on page 1, line 9.)	25					

Part IV	Allocation to Beneficiary	— в	Be sure to comp	lete Form N-405,	Tax on Accumula	tion Distribution	s of Trusts.
	Complete Part IV for each benefici-	ary. If	the accumulation d	istribution is allocated	to more than one ber	neficiary, attach an ac	ditional Schedule
	with Part IV completed for each ad	ditiona	al beneficiary. If mo	re than five throwback	vears are involved, a	attach additional sche	dules.

Beneficiary's name		Identifying number			
Beneficiary's address (number and street including apartment number or rural route)		This beneficiary's share of line 13 (a)	This beneficiary's	This beneficiary's	
City, town, or post office, State, and ZIP code			share of line 14 (b)	share of line 16 (c)	
26. Throwback year	26				
27. Throwback year	27				
28. Throwback year	28				
29. Throwback year	29				
30. Throwback year	30				
31. Total. (add amounts on lines 26 through 30) Enter here and on the appropriate lines of Form N-405	31				
арреграма			1	1	